TB DOCM M/027/007 4/14	/98 SETTLE ACREEMENT	
SENDER: Complete items 1 and 2 when additional 3 and 4.	services are desired, and complete items	
Put your address in the "RETURN TO" Space on the reverse side Failure to do this will preven		
card from being returned to you. The return receipt fee will provide you the name of the person delived and the date of delivery. For additional fees the following services are available. Consult postmaster		
for fees and check box(es) for additional service(s) requested.		
1. ☐ Show to whom delivered, date, and addressee's address. 2. ☐ Restricted Delivery (Extra charge)		
3. Article Addressed to:	4. Article Number	
BRUCE HILL	P 074 976 634	
FIELD SOLICITOR	Type of Service:	
OFFICE OF THE SOLICITOR	Registered Insured Cortified COD	
6201 FEDERAL BLDG	Return Receipt	
125 S STATE ST	Tor Merchandise	
SALT LAKE CITY UT 84138-1180	Always obtain signature of addressee or agent and DATE DELIVERED.	
5. Signature — Address		
X	8. Addressee's Address (ONLY if requested and fee paid)	
6. Signature — Agent	NEW TOTAL CONTRACTOR OF THE PARTY OF THE PAR	
w/ olicea halcon	16	
7. Date of Delivery	/ \$ /	
A - 1/0-90	8/	
4 10 78 98PO		
S Form 3811, Mar. 1988 * U.S.G.P.O. 1988-212-865 DOMESTIC RETURN RE		

OFFICIAL BUSINESS

SENDER INSTRUCTIONS

Print your name, address and ZIP Code in the space below.

- Complete items 1, 2, 3, and 4 on the reverse.
- Attach to front of article if space permits, otherwise affix to back of article.
- Endorse article "Return Receipt Requested" adjacent to number.



PENALTY FOR PRIVATE USE, \$300

RETURN TO

Print Sender's name, address, and ZIP Code in the space below.

Division of Oil, Gas and Mining 1594 West North Temple, Suite 1210 Box 145801 Salt Lake City, Utah 84114-5801

P 074 976 634

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED NOT FOR INTERNATIONAL MAIL

(See Reverse)

Sent to BRUCE HILL OFFICE OF THE S Street ar6201 FEDERAL BI	The second secon	ROGM
125 S STATE ST P.O., State and ZIP Code		
SLC UT 84138-1	L180	
Postage	S	4/
Certified Fee	7.0	/14/98
Special Delivery Fee		86
Restricted Delivery Fee		M
Return Receipt Towns OFFIC		027, ett
Return Receipt showing to whom, Date, and Address of Pelivery 199	8	/007 Leme
TOTAL Postage and Fees	9/	pt
Postmark or Date UPS - 8419	(Agr
		eeme

PS Form 3800, June 1985